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1.0 Description of the Service

Breast imaging is used to detect and evaluate breast abnormalities, such as breast cancer.

1.1 Mammography

a. A screening mammogram is a radiologic procedure (film or digital) furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer.

b. A diagnostic mammogram is a radiologic procedure (film or digital) furnished to a man or woman with signs or symptoms of breast disease, a personal history of breast cancer, or a personal history of biopsy-proven benign breast disease.

c. Computer aided detection (CAD) is an add-on process for film or digital mammography. Film mammography is scanned and digitized to create a digital mammogram file. Digital images can be transmitted from the digital mammography acquisition device directly to the CAD processing computer. The CAD computer uses a specialized detection algorithm to identify potentially suspicious areas on the images.

1.2 Breast Ultrasound

Breast ultrasound is sometimes used to evaluate breast problems that are found during a screening or diagnostic mammogram or on physical exam. During breast ultrasound, a handheld instrument placed on the skin transmits high-frequency sound waves through the breast.

1.3 Breast Magnetic Resonance Imaging

Magnetic resonance imaging (MRI) uses magnets and radio waves, instead of X-rays, to produce very detailed cross-sectional images of the body. This improves the ability to show breast tissue details.

1.4 Ductogram (Galactogram)

A ductogram is a test that is sometimes helpful in determining the cause of nipple discharge. In this X-ray procedure, a thin metal catheter is placed into the opening of a duct in the nipple. A small amount of contrast medium is injected, which outlines the shape of the duct on an X-ray image and shows whether there is a mass inside the duct.

1.5 Image-Guided Breast Biopsy

Breast biopsy of a suspicious area in the breast is the most accurate way to confirm the presence of cancer. During a breast biopsy, a sample of cells or tissue is removed and inspected under the microscope by a pathologist. Imaging tests may be done to ensure that the correct area is biopsied.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination**** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

a. that is unsafe, ineffective, or experimental/investigational.
b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

****EPSDT and Prior Approval Requirements**

a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does NOT eliminate the requirement for prior approval.
b. IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

***Basic Medicaid Billing Guide*:** http://www.ncdhhs.gov/dma/medbillcaguide.htm

EPSDT provider page: http://www.ncdhhs.gov/dma/EPSDTprovider.htm

3.0 When the Procedure Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 General Criteria

Medicaid covers breast imaging when it is medically necessary and:

a. The procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs.

b. The procedure can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide.

c. The procedure is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Mammography

3.2.1 Screening Mammography

Medicaid covers screening mammography for women as a preventive health measure for the purpose of early detection of breast cancer.

a. For female recipients ages 20 through 39 years, one exam annually when the recipient has

1. a documented positive BRCA mutation;
2. personal history of ovarian cancer;
3. personal history of chest radiation;
4. personal history of atypical/high risk biopsy(ies); or
5. strong family history of breast cancer (first-degree relative: mother, sister, daughter)

Note: This is not an all-inclusive list.

b. For female recipients ages 35 through 39 years, one baseline exam within the five years.

c. For female recipients ages 40 years and older, one exam annually.

Note: See **Attachment A, Letter B,** for specific diagnosis codes to be used for screening mammograms according to age.

3.2.2 Diagnostic Mammography

Medicaid considers diagnostic mammography for female and male recipients of all ages to be medically necessary when the recipient

a. has or has had a personal history of malignant neoplasm of the breast; or

b. is diagnosed with benign mammary dysplasia(s); or

c. is diagnosed with other disorders of the breast.

3.2.3 Computer Aided Detection

Computer-aided detection (CAD) is used to improve radiologists' ability to identify suspicious areas that may otherwise be overlooked on mammograms (screening or diagnostic).

Note: The radiologist remains the reader and interpreter of the mammogram. CAD assists the radiologist by identifying areas warranting further review.

3.3 Breast Ultrasound

Medicaid covers ultrasounds:

a. to evaluate problems found during a screening or diagnostic mammogram;

b. for use during a biopsy procedure for breast lesions; or

c. to evaluate a clinical abnormality.

3.4 Breast Magnetic Resonance Imaging

Medicaid covers magnetic resonance imaging (MRI) for the detection of:

a. Breast cancer in recipients who are at a high genetic risk for breast cancer:

   1. known BRCA 1 or 2 mutation in recipient;

   2. known BRCA 1 or 2 mutation in relatives; or

   3. pattern of breast cancer history in multiple first-degree relatives, often at a young age and bilaterally.

b. Breast cancer in recipients who have breast characteristics limiting the sensitivity of mammography (such as dense breasts, implants, scarring after treatment for breast cancer).

c. A suspected occult breast primary tumor in recipients with axillary nodal adenocarcinoma with negative mammography and clinical breast exam.

d. Breast cancer in recipients with a new diagnosis of breast cancer. It can be used to determine the extent of the known cancer and/or to detect disease in the contralateral breast.

e. To evaluate implant integrity in recipients with breast implants.

Note: This is not an all-inclusive list.

3.5 Ductogram (Galactogram)

Medicaid covers ductogram for the diagnosis of the cause of abnormal nipple discharge.

3.6 Image-Guided Breast Biopsy

Medicaid covers image-guided breast biopsy when radiological supervision and interpretation is required for needle placement and/or for biopsy.

4.0 When the Procedure Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

4.1 General Criteria

Breast imaging is not covered when:

a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
b. the recipient does not meet the medical necessity criteria listed in **Section 3.0;**
c. the procedure duplicates another provider's procedure; or
d. the procedure is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria

Medicaid does not cover screening mammography for male recipients.

5.0 Requirements for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

5.1 Prior Approval

Prior approval is not required.

5.2 Physician's Orders

A physician's order or requisition is required.

5.3 Limitations

5.3.1 Screening Mammograms

a. For female recipients ages 35 through 39, screening mammograms are limited to one mammogram within a five-year period to establish a baseline.

b. For female recipients ages 20 and older, screening mammograms are limited to one mammogram per year.

c. For female recipients ages 20 through 39 with a high-risk diagnosis, screening mammograms are limited to one mammogram per year.

Note: At least 11 complete calendar months must elapse between annual mammograms for the service to be covered.

5.3.2 Frequency of Service

Coverage is limited to one procedure per date of service by the same or different provider, unless appropriate modifier is appended to the procedure code.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

Providers who meet Medicaid's qualifications for participation and are currently enrolled with the N.C. Medicaid program are eligible to bill for breast imaging procedures when the breast imaging procedure is within the scope of their practice.

Independent diagnostic testing facility (IDTF) providers who are enrolled with Medicare and Medicaid are eligible to bill for mammography and ultrasounds.

7.0 Additional Requirements

There are no additional requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: September 1, 1992

Revision Information:

Date	Section Revised	Change
6/1/07	Throughout policy	Coverage was expanded to include mammography procedures producing direct digital images.
6/1/07	Section 3.2.1	Coverage was expanded to include annual screenings for women ages 20 through 40 who are considered by their physician to be at high risk for breast cancer.

Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

A. Claim Type

1. CMS-1500 Claim Form
Physicians, medical diagnostic clinics, nurse practitioners, nurse midwives, and health departments enrolled in the N.C. Medicaid program bill services on the CMS-1500 claim form.

2. UB-04 Claim Form
Hospital providers bill services on the UB-04 claim form.

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

Screening Mammography Ages 40 Years and Older – Primary Diagnosis Allowed	
ICD-9-CM Code	**Description**
V76.10	Breast screening, unspecified
V76.11	Screening mammogram for high-risk patient
V76.12	Other screening mammogram

Screening Mammography Ages 35 through 39 Years – Primary Diagnosis Allowed	
ICD-9-CM Code	**Description**
V76.10	Breast screening, unspecified
V76.12	Other screening mammogram

Screening Mammography Ages 20 through 39 Years – Primary Diagnosis Allowed	
ICD-9-CM Code	**Description**
V76.11	Screening mammogram for high-risk patient

Screening Mammography – Secondary Diagnosis Required	
ICD-9-CM Code	**Description**
V10.3	Personal history of malignant neoplasm of the breast
V15.89	Other specified personal history presenting hazards to health
V16.3	Family history of malignant neoplasm of the breast
V76.19	Special screening for malignant neoplasms in the breast

Diagnostic Mammography – Primary or Secondary Diagnosis Allowed	
ICD-9-CM Code	**Description**
V10.3	Personal history of malignant neoplasm of the breast
174.0 – 174.9	Malignant neoplasm of female breast
175.0 – 175.9	Malignant neoplasm of male breast
610.0 – 610.9	Benign mammary dysplasias
611.0 – 611.9	Other disorders of breast

C. Procedure Code(s)

Mammography	
Code	**Description**
76051	Computer aided detection with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography. Must be billed with 77055, 77056, G0204 or G0206.
76052	Computer aided detection with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography. Must be billed with 77057 or G0202.
77055	Mammography; unilateral
77056	Mammography; bilateral
77057	Screening mammography; bilateral
G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views

Note: Providers may bill either film or digital imaging for screening and diagnostic mammograms.

Ductogram (Galactogram)	
Code	**Description**
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation

Magnetic Resonance Imaging (MRI) of the Breast	
Code	**Description**
77058	MRI, breast, without and/or with contrast material(s); unilateral
77059	MRI, breast, without and/or with contrast material(s); bilateral
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
77021	Magnetic resonance guidance for needle placement, radiological supervision and interpretation

Other	
Code	**Description**
77031	Stereotactic localization guidance for breast biopsy or needle placement, each lesion, radiological supervision and interpretation
77032	Mammographic guidance for needle placement, breast, each lesion, radiological supervision and interpretation
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Place of Service

1. Inpatient
2. Outpatient
3. Physician's office

F. Reimbursement

Providers must bill usual and customary charges.